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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 06/10/2010 23117 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 (Depositor's name) (Signature) (Date) CONFIRMATION NO. ATTORNEY DOCKET NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 2191 5011-6 William Alexander Denny 11/02/2006 10/590,796 TITLE OF INVENTION: NOVEL 1,2,4-BENZOTRIAZINE-1,4-DIOXIDES DATE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE **PUBLICATION FEE DUE SMALL ENTITY ISSUE FEE DUE** APPLN, TYPE 09/10/2010 \$1810 \$300 \$0 \$1510 NO nonprovisional 09/08/2010 LNGUYEN2 00000051 10590796 **ART UNIT CLASS-SUBCLASS EXAMINER** 544-183000 1624 BALASUBRAMANIAN, VENKATARAMAN 1510.00 OP <u>61 FP-1581</u> 300.00 UP 1: Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent from page, HS14 Nixon & Vanderhye CFR 1.363). (1) the names of up to 3 register battle attorneys Change of correspondence address (or Change of Correspondence or agents OR, alternatively, Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Auckland Uniservices Limited Auckland, New Zealand ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. 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